

UTAH TITLE XXI PROGRAM FACT SHEET

Name of Plan:	Utah's Children's Health Insurance Program
Date State Plan Submitted:	April 2, 1998
Date State Plan Approved:	July 10, 1998
Date State Plan Effective:	August 3, 1998
Date Amendment #1 Submitted:	January 28, 1999
Date Amendment #1 Disapproved:	November 29, 1999
Date Amendment #2 Submitted:	March 1, 2002
Date Amendment #2 Approved:	June 25, 2002
Date Amendment #2 Effective:	December 15, 2001; January 1, 2002; February 1, 2002
Date Amendment #3 Submitted:	November 14, 2002
Date Amendment #3 Approved:	April 2, 2004
Date Amendment #3 Effective:	July 1, 2002; July 1, 2003

Background

- On July 10, 1998, CMS approved Utah's separate child health program, which provides coverage for children under age 19 with family income at or below 200 percent of the Federal Poverty Level (FPL).

Amendments

- On November 29, 1999, CMS disapproved a State Plan Amendment to add cost sharing for families with incomes below 100 percent of the FPL. The State requested approval to apply the same cost-sharing schedule for families with incomes below 100 percent of the FPL that was previously approved for families with incomes from 100 to 150 percent of the FPL.
- The State's second amendment submitted on March 1, 2002, allows the State to establish an enrollment cap of 24,000; require premiums and increase co-payments for enrollees above 100 percent of the FPL; disregard the child's income when determining family income; and modify the dental, vision and hearing services within the benefit package.
- The State submitted its third amendment on November 14, 2002, to update and amend the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations. The amendment also restores dental benefits to the pre-January 2002 level, and revises the State's enrollment cap by raising the limit from 24,000 enrollees on average to 28,000 enrollees on average.

Administration

- The Utah Department of Health administers the Utah Children's Health Insurance Program. CHIP contracts with two managed care organizations to provide medical care for children enrolled in CHIP. These managed care organizations have extensive provider networks throughout the State.

Children Covered Under Program

- The State reported that 37,766 children were ever enrolled in its program during Federal Fiscal Year 2003.

Health Care Delivery System

- Health services in the urban areas (Davis, Salt Lake, Utah and Weber counties) and in the rural areas (all other counties) are delivered by managed care organizations (MCOs).

Benefit Package

- Utah offers benchmark-equivalent coverage. The State's plan includes an actuarial analysis comparing the benefit package to the benefit plan provided to Utah State employees.

Cost Sharing

- There is no cost sharing for families below 100 percent of the FPL.
- Effective January 1, 2002, premiums and co-payments are as follows:

Benefit	Family Income 101% - 150 % FPL Premium Payment & Co-Payment	Family Income 151% -200 % FPL Premium Payment & Co-Payment
Premium Payment	<i>\$13 per family per quarter.</i>	<i>\$25 per family per quarter.</i>
Hospital inpatient, outpatient, care.	\$3.00.	10% of allowed amount.
Emergency Room Visit	\$3.00	\$35.00
Outpatient office visits	\$3.00	\$15.00
Formulary Prescription Drugs	\$1.00	\$5.00
Non-Formulary Prescription Drugs	\$3.00	50% cost per prescription.
Lab services under \$50.00	\$1.00	\$5.00
Lab services over \$50.00	\$2.00	10% of allowed cost.
X-ray under \$100.00	\$1.00	\$5.00
X-ray over \$100.00	\$3.00	10% of allowed cost.
Dental	\$3.00 for all covered services except cleanings, exams, x-rays, fluoride, and sealants.	20% of allowed amount for all covered services except cleanings, exams, x-rays, fluoride, and sealants.
Mental Health Inpatient Patient Care	\$3.00	10% of allowed amount for first 10 days; 50% of allowed amount for next 20 days.
Mental Health Outpatient Patient Care	\$3.00	50% of allowed amount.

State Action to Avoid Crowd Out

- The application requests information about health insurance coverage for the children in the household. Every SCHIP application is screened through the Medicaid eligibility determination process to determine if the child qualifies for Medicaid.
- A child is found ineligible for SCHIP if the child has been voluntarily terminated from health insurance coverage within the 3 months prior to the application date for coverage under SCHIP.

Outreach Activities

- The State utilizes many strategies to identify and enroll eligible children. These activities include:
 - Computer match of families already on Medicaid who have children without coverage and of families receiving child-care assistance without Medicaid.
 - Medicaid eligibility workers already in place in almost 100 locations determine eligibility for SCHIP. These eligibility determination sites are located in hospitals, community health centers, local health departments, Department of Workforce Services offices and many other allied agencies.
 - Dissemination of information through community presentations, press coverage, toll free telephone line, brochures, flyers and postcards. Information is also disseminated by housing assistance organizations, hospitals, medical care sites, community-based organizations, and other Medicaid outreach campaigns.

Financial Information

Total FFY 2004 SCHIP Allotment -- \$24,091,106
FFY 2004 Enhanced Federal Matching Rate -- 80.20%

Last modified: April 18, 2004